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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

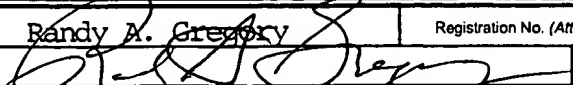
| | | |
|---|--|---------------|
| Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231 | Attorney Docket No. | FL12-047 |
| | First Named Inventor | Randy Sines |
| | Original Patent Number | 5,934,998 |
| | Original Patent Issue Date (Month/Day/Year) | 08/10/99 |
| | Express Mail Label No. | EL465782435US |

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(Check applicable box)

| APPLICATION ELEMENTS (37 CFR 1.173) | ACCOMPANYING APPLICATION PARTS |
|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) | 10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55) |
| 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) | 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) |
| 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) | 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) | 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) |
| 6. <input checked="" type="checkbox"/> Power of Attorney | 15. <input checked="" type="checkbox"/> Preliminary Amendment |
| 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) | 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |
| 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table | 17. Other: Check for \$..... |
| 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies | |

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|-------------------|--|-----------------------------------|---------------|
| NAME (Print/Type) | Randy A. Gregory | Registration No. (Attorney/Agent) | 30,386 |
| Signature |  | Date | Aug. 10, 2001 |

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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | | Docket Number (Optional) FL12-047 | | |
|---|--------------------------------------|-------------------------------------|--|--------------------------|--------------|--------------------------------------|---------------------------|-----|
| Claims as Filed - Part 1 | | | | | | | | |
| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | Rate | Fee | |
| (A) 8 | Total Claims (37 CFR 1.16(j)) | (B) 56 | *** 36 = | x \$ 9 = | | or | x \$ ____ = 324 | |
| (C) 1 | Independent claims (37 CFR 1.16(i)) | (D) 3 | * 0 = | x \$ 40 = | | | x \$ ____ = 0 | |
| Basic Fee (37 CFR 1.16(h)) | | | | | | \$ 355 | | |
| Total Filing Fee | | | | | | \$ | OR \$ 679 | |
| Claims as Amended - Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** 8 | * = | x \$ 9 = | | x \$ ____ = | |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** 1 | = | x \$ 40 = | | x \$ ____ = | |
| Total Additional Fee | | | | | | \$ | OR \$ | |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <u>23-0925</u> in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>23-0925</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>679</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>Aug. 10, 2001</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: center;">  <p>Signature of Applicant, Attorney or Agent of Record</p> <p>Randy A. Gregory</p> <p>Typed or printed name</p> </div> </div> | | | | | | | | |

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